

SEP 12 1941
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2991

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **Everett Edward Williams**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **496-16-3428**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 19, 1920**
(Month) (Day) (Year)

8. AGE: Years **20** Months **10** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Kansas City Missouri**
(City, town or county) (State or foreign country)

10. Usual occupation **W P A**

11. Industry or business **Wm. J. Williams**

12. Name **Nellie Watkins** 13. Birthplace **Kansas**
(City, town or county) (State or foreign country)

14. Maiden name **Kansas City Missouri** 15. Birthplace **Kansas City Missouri**
(City, town or county) (State or foreign country)

16. (a) Informant **Nellie Williams** (b) Address **2118 Charlotte**

17. (a) **burial** (b) Date thereof **8/6/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **1729 Lydia** (b) Address **1729 Lydia**

19. (a) **8/6/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 48
(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. **2118 Charlotte St**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** 3 day
year **1941** hour **12** minute **00** A.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death **Septicemia (rest)**
Slab wound of the superior
Mediastinum

Due to **Mediastinum** 169
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **yes**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Homicide**
(b) Date of occurrence **8.3.41**
(c) Where did injury occur? **K.P.** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
23. Signature **Wm. J. Williams** (M. D. or other) **3**
Address **K.P.** Date signed _____

SEP 3 0 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.